

Your Plan Details

Table of allowances: How much Delta Dental pays for each procedure

To find out how much your plan pays for a covered service, browse the following list. You are responsible for the amount not covered by your plan. Procedures are organized by type.

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How much Delta Dental pays for each procedure — full list

Diagnostic (Exams and X-rays)		
Code	Description	Your plan pays
D0120	Periodic oral evaluation (dental exam) - established patient	\$14
D0140	Limited oral evaluation - problem focused	\$26
D0150	Comprehensive oral evaluation (dental exam) - new or established patient	\$25
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$35
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$35
D0180	Comprehensive periodontal evaluation - new or established patient	\$26
D0190	Screening of a patient	\$10
D0191	Assessment of a patient	\$10
D0210	Intraoral - complete series of radiographic images	\$52
D0220	Intraoral - periapical first radiographic image	\$9
D0230	Intraoral - periapical each additional radiographic image	\$8
D0240	Intraoral - occlusal radiographic image	\$13
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$22
D0270	Bitewing - single radiographic image	\$9
D0272	Bitewings - two radiographic images	\$15
D0274	Bitewings - four radiographic images	\$22
D0277	Vertical bitewings - 7 to 8 radiographic images	\$19
D0330	Panoramic radiographic image	\$42
D0419	Assessment of salivary flow by measurement	\$2
D0460	Pulp vitality tests	\$17

Code	Description	Your plan pays
D0601	Caries risk assessment and documentation, with a finding of low risk	\$3
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$3
D0603	Caries risk assessment and documentation, with a finding of high risk	\$3

Preventive (Cleanings, Fluoride, Sealants and Space Maintainers)

D1110	Prophylaxis (cleaning) - adult	\$36
D1120	Prophylaxis (cleaning) - child	\$26
D1208	Topical application of fluoride - excluding varnish	\$11
D1351	Sealant - per tooth	\$22
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$26
D1354	Interim caries arresting medicament application - per tooth	\$28
D1510	Space maintainer - fixed, unilateral - per quadrant	\$100
D1516	Space maintainer - fixed - bilateral, maxillary (upper)	\$172
D1517	Space maintainer - fixed - bilateral, mandibular (lower)	\$172
D1520	Space maintainer - removable, unilateral - per quadrant	\$62
D1526	Space maintainer - removable - bilateral, maxillary (upper)	\$182
D1527	Space maintainer - removable - bilateral, mandibular (lower)	\$182
D1551	Re-cement or re-bond bilateral space maintainer - maxillary (upper)	\$21
D1552	Re-cement or re-bond bilateral space maintainer - mandibular (lower)	\$21
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$21
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	\$100

Restorative (Fillings, Inlays, Onlays, Crowns (Caps) and Veneers)

Code	Description	Your plan pays
D2140	Amalgam - one surface, primary or permanent	\$35
D2150	Amalgam - two surfaces, primary or permanent	\$47
D2160	Amalgam - three surfaces, primary or permanent	\$59
D2161	Amalgam - four or more surfaces, primary or permanent	\$64
D2330	Resin-based composite - one surface, anterior	\$43
D2331	Resin-based composite - two surfaces, anterior	\$54
D2332	Resin-based composite - three surfaces, anterior	\$68
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$78
D2390	Resin-based composite crown, anterior	\$86
D2391	Resin-based composite - one surface, posterior	\$44
D2392	Resin-based composite - two surfaces, posterior	\$62
D2393	Resin-based composite - three surfaces, posterior	\$77
D2394	Resin-based composite - four or more surfaces, posterior	\$86
D2510	Inlay - metallic - one surface	\$105
D2520	Inlay - metallic - two surfaces	\$194
D2530	Inlay - metallic - three or more surfaces	\$182
D2542	Onlay - metallic - two surfaces	\$110
D2543	Onlay - metallic - three surfaces	\$122
D2544	Onlay - metallic - four or more surfaces	\$127
D2610	Inlay - porcelain/ceramic - one surface	\$108
D2620	Inlay - porcelain/ceramic - two surfaces	\$217
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$210
D2642	Onlay - porcelain/ceramic - two surfaces	\$96
D2643	Onlay - porcelain/ceramic - three surfaces	\$118
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$141
D2650	Inlay - resin-based composite - one surface	\$102
D2651	Inlay - resin-based composite - two surfaces	\$94
D2652	Inlay - resin-based composite - three or more surfaces	\$118
D2662	Onlay - resin-based composite - two surfaces	\$120
D2663	Onlay - resin-based composite - three surfaces	\$124
D2664	Onlay - resin-based composite - four or more surfaces	\$129

Code	Description	Your plan pays
D2710	Crown - resin-based composite (indirect)	\$68
D2720	Crown - resin with high noble metal	\$144
D2721	Crown - resin with predominantly base metal	\$110
D2722	Crown - resin with noble metal	\$169
D2740	Crown - porcelain/ceramic substrate	\$227
D2750	Crown - porcelain fused to high noble metal	\$220
D2751	Crown - porcelain fused to predominantly base metal	\$209
D2752	Crown - porcelain fused to noble metal	\$211
D2753	Crown - porcelain fused to titanium and titanium alloys	\$220
D2780	Crown - $\frac{3}{4}$ cast high noble metal	\$226
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$195
D2782	Crown - $\frac{3}{4}$ cast noble metal	\$197
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic	\$227
D2790	Crown - full cast high noble metal	\$219
D2791	Crown - full cast predominantly base metal	\$189
D2792	Crown - full cast noble metal	\$190
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$17
D2920	Re-cement or re-bond crown	\$15
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$58
D2930	Prefabricated stainless steel crown - primary tooth	\$47
D2931	Prefabricated stainless steel crown - permanent tooth	\$54
D2932	Prefabricated resin crown	\$46
D2933	Prefabricated stainless steel crown with resin window	\$70
D2940	Protective restoration	\$17

Code	Description	Your plan pays
D2941	Interim therapeutic restoration - primary dentition	\$17
D2950	Core buildup, including any pins when required	\$41
D2951	Pin retention - per tooth, in addition to restoration	\$10
D2952	Post and core in addition to crown, indirectly fabricated	\$74
D2953	Each additional indirectly fabricated post - same tooth	\$74
D2954	Prefabricated post and core in addition to crown	\$62
D2955	Post removal	\$55
D2957	Each additional prefabricated post - same tooth	\$62
D2960	Labial veneer (resin laminate) - chairside	\$69
D2961	Labial veneer (resin laminate) - laboratory	\$149
D2962	Labial veneer (porcelain laminate) - laboratory	\$190
D2980	Crown repair necessitated by restorative material failure	\$46
D2981	Inlay repair necessitated by restorative material failure	\$46
D2982	Onlay repair necessitated by restorative material failure	\$46
D2983	Veneer repair necessitated by restorative material failure	\$46

Endodontics (Root Canals and Other Root Treatment)

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$26
D3221	Pulpal debridement, primary and permanent teeth	\$12
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$37
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$35
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$123

Code	Description	Your plan pays
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$150
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$188
D3331	Treatment of root canal obstruction; non-surgical access	\$12
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$12
D3333	Internal root repair of perforation defects	\$12
D3346	Retreatment of previous root canal therapy - anterior	\$125
D3347	Retreatment of previous root canal therapy - premolar	\$167
D3348	Retreatment of previous root canal therapy - molar	\$216
D3410	Apicoectomy - anterior	\$99
D3421	Apicoectomy - premolar (first root)	\$158
D3425	Apicoectomy - molar (first root)	\$142
D3426	Apicoectomy (each additional root)	\$36
D3427	Periradicular surgery without apicoectomy	\$39
D3430	Retrograde filling - per root	\$39
D3450	Root amputation - per root	\$108
D3920	Hemisection (including any root removal), not including root canal therapy	\$41

Periodontics (Gum Treatment)

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$54
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$33
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$33
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$94
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$94
D4245	Apically positioned flap	\$111

Code	Description	Your plan pays
D4249	Clinical crown lengthening - hard tissue	\$127
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$230
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$230
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$78
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$90
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$121
D4266	Guided tissue regeneration - resorbable barrier, per site	\$121
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$129
D4270	Pedicle soft tissue graft procedure	\$209
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$256
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$150
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$197
D4276	Combined connective tissue and double pedicle graft, per tooth	\$256
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$197

Code	Description	Your plan pays
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$147
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$154
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$118
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$44
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$44
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$36
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$31
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$33
D4910	Periodontal maintenance	\$24
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$6

Prosthodontics (Dentures, Bridges, Implants and Crowns to Replace Missing Teeth)

D5110	Complete denture - maxillary (upper)	\$253
D5120	Complete denture - mandibular (lower)	\$261
D5130	Immediate denture - maxillary (upper)	\$285
D5140	Immediate denture - mandibular (lower)	\$285
D5211	Maxillary (upper) partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$213
D5212	Mandibular (lower) partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$230

Code	Description	Your plan pays
D5213	Maxillary (upper) partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$317
D5214	Mandibular (lower) partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$312
D5221	Immediate maxillary (upper) partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$256
D5222	Immediate mandibular (lower) partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$276
D5223	Immediate maxillary (upper) partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$381
D5224	Immediate mandibular (lower) partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$375
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary (upper)	\$160
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular (lower)	\$160
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	\$144
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	\$144
D5410	Adjust complete denture - maxillary (upper)	\$12
D5411	Adjust complete denture - mandibular (lower)	\$10
D5421	Adjust partial denture - maxillary (upper)	\$14
D5422	Adjust partial denture - mandibular (lower)	\$11
D5511	Repair broken complete denture base, mandibular (lower)	\$24
D5512	Repair broken complete denture base, maxillary (upper)	\$24
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$23
D5611	Repair resin partial denture base, mandibular (lower)	\$25

Code	Description	Your plan pays
D5612	Repair resin partial denture base, maxillary (upper)	\$25
D5621	Repair cast partial framework, mandibular (lower)	\$34
D5622	Repair cast partial framework, maxillary (upper)	\$34
D5630	Repair or replace broken retentive clasping materials - per tooth	\$36
D5640	Replace broken teeth - per tooth	\$21
D5650	Add tooth to existing partial denture	\$31
D5660	Add clasp to existing partial denture - per tooth	\$37
D5670	Replace all teeth and acrylic on cast metal framework (maxillary (upper))	\$101
D5671	Replace all teeth and acrylic on cast metal framework (mandibular (lower))	\$112
D5710	Rebase complete maxillary (upper) denture	\$83
D5711	Rebase complete mandibular (lower) denture	\$102
D5720	Rebase maxillary (upper) partial denture	\$101
D5721	Rebase mandibular (lower) partial denture	\$112
D5730	Reline complete maxillary (upper) denture (chairside)	\$51
D5731	Reline complete mandibular (lower) denture (chairside)	\$43
D5740	Reline maxillary (upper) partial denture (chairside)	\$42
D5741	Reline mandibular (lower) partial denture (chairside)	\$47
D5750	Reline complete maxillary (upper) denture (laboratory)	\$80
D5751	Reline complete mandibular (lower) denture (laboratory)	\$78
D5760	Reline maxillary (upper) partial denture (laboratory)	\$70
D5761	Reline mandibular (lower) partial denture (laboratory)	\$73
D5820	Interim partial denture (maxillary (upper))	\$87
D5821	Interim partial denture (mandibular (lower))	\$111
D5850	Tissue conditioning, maxillary (upper)	\$39
D5851	Tissue conditioning, mandibular (lower)	\$24
D5863	Overdenture - complete maxillary (upper)	\$253

Code	Description	Your plan pays
D5864	Overdenture - partial maxillary (upper)	\$317
D5865	Overdenture - complete mandibular (lower)	\$261
D5866	Overdenture - partial mandibular (lower)	\$312
D5875	Modification of removable prosthesis following implant surgery	\$34

Implant services and fixed prosthodontics

D6010	Surgical placement of implant body: endosteal implant	\$583
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$583
D6013	Surgical placement of mini implant	\$292
D6040	Surgical placement: eposteal implant	\$1,089
D6050	Surgical placement: transosteal implant	\$1,100
D6055	Connecting bar - implant supported or abutment supported	\$507
D6056	Prefabricated abutment - includes modification and placement	\$139
D6057	Custom fabricated abutment - includes placement	\$189
D6058	Abutment supported porcelain/ceramic crown	\$325
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$332
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$306
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$306
D6062	Abutment supported cast metal crown (high noble metal)	\$327
D6063	Abutment supported cast metal crown (predominantly base metal)	\$287
D6064	Abutment supported cast metal crown (noble metal)	\$279
D6065	Implant supported porcelain/ceramic crown	\$340
D6066	Implant supported crown - porcelain fused to high noble alloys	\$332
D6067	Implant supported crown - high noble alloys	\$327
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$340
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$332

Code	Description	Your plan pays
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$306
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$306
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$327
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$287
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$279
D6075	Implant supported retainer for ceramic FPD	\$340
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	\$332
D6077	Implant supported retainer for metal FPD - high noble alloys	\$327
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$48
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$44
D6082	Implant supported crown - porcelain fused to predominantly base alloys	\$306
D6083	Implant supported crown - porcelain fused to noble alloys	\$306
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	\$309
D6086	Implant supported crown - predominantly base alloys	\$287
D6087	Implant supported crown - noble alloys	\$279
D6088	Implant supported crown - titanium and titanium alloys	\$309
D6090	Repair implant supported prosthesis, by report	\$84
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$54
D6092	Re-cement or re-bond implant/abutment supported crown	\$31
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$46

Code	Description	Your plan pays
D6094	Abutment supported crown - titanium and titanium alloys	\$309
D6095	Repair implant abutment, by report	\$95
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	\$309
D6098	Implant supported retainer - porcelain fused to predominantly base alloys	\$306
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	\$306
D6100	Implant removal, by report	\$124
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	\$94
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	\$230
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure	\$78
D6104	Bone graft at time of implant placement	\$78
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary (upper)	\$253
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular (lower)	\$253
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary (upper)	\$317
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular (lower)	\$317
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary (upper)	\$253
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular (lower)	\$253
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary (upper)	\$317
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular (lower)	\$317
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	\$287
D6121	Implant supported retainer for metal FPD - predominantly base alloys	\$287

Code	Description	Your plan pays
D6122	Implant supported retainer for metal FPD - noble alloys	\$279
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys	\$332
D6210	Pontic - cast high noble metal	\$224
D6211	Pontic - cast predominantly base metal	\$202
D6212	Pontic - cast noble metal	\$182
D6240	Pontic - porcelain fused to high noble metal	\$216
D6241	Pontic - porcelain fused to predominantly base metal	\$200
D6242	Pontic - porcelain fused to noble metal	\$198
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$198
D6245	Pontic - porcelain/ceramic	\$227
D6250	Pontic - resin with high noble metal	\$222
D6251	Pontic - resin with predominantly base metal	\$250
D6252	Pontic - resin with noble metal	\$222
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$66
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$227
D6549	Retainer - for resin bonded fixed prosthesis	\$66
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$193
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$216
D6602	Retainer inlay - cast high noble metal, two surfaces	\$193
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$216
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$193
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$216
D6606	Retainer inlay - cast noble metal, two surfaces	\$193

Code	Description	Your plan pays
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$216
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$110
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$122
D6610	Retainer onlay - cast high noble metal, two surfaces	\$110
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$122
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$110
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$122
D6614	Retainer onlay - cast noble metal, two surfaces	\$110
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$122
D6720	Retainer crown - resin with high noble metal	\$249
D6721	Retainer crown - resin with predominantly base metal	\$209
D6722	Retainer crown - resin with noble metal	\$182
D6740	Retainer crown - porcelain/ceramic	\$227
D6750	Retainer crown - porcelain fused to high noble metal	\$221
D6751	Retainer crown - porcelain fused to predominantly base metal	\$205
D6752	Retainer crown - porcelain fused to noble metal	\$205
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$221
D6780	Retainer crown - $\frac{3}{4}$ cast high noble metal	\$243
D6781	Retainer crown - $\frac{3}{4}$ cast predominantly base metal	\$195
D6782	Retainer crown - $\frac{3}{4}$ cast noble metal	\$197
D6783	Retainer crown - $\frac{3}{4}$ porcelain/ceramic	\$227
D6784	Retainer crown - $\frac{3}{4}$ titanium and titanium alloys	\$218
D6790	Retainer crown - full cast high noble metal	\$218
D6791	Retainer crown - full cast predominantly base metal	\$195
D6792	Retainer crown - full cast noble metal	\$186
D6920	Connector bar	\$67

Code	Description	Your plan pays
D6930	Re-cement or re-bond fixed partial denture	\$21
D6980	Fixed partial denture repair necessitated by restorative material failure	\$43

Oral and maxillofacial surgery (Extractions)

D7111	Extraction, coronal remnants - primary tooth	\$22
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$22
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$44
D7220	Removal of impacted tooth - soft tissue	\$62
D7230	Removal of impacted tooth - partially bony	\$80
D7240	Removal of impacted tooth - completely bony	\$92
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$118
D7250	Removal of residual tooth roots (cutting procedure)	\$40
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$68
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$417
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$88
D7290	Surgical repositioning of teeth	\$74
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant	\$94
D7297	Corticotomy - four or more teeth or tooth spaces, per quadrant	\$94
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$36
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$50
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$72
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$112
D7485	Reduction of osseous tuberosity	\$150
D7510	Incision and drainage of abscess - intraoral soft tissue	\$23

Code	Description	Your plan pays
D7520	Incision and drainage of abscess – extraoral soft tissue	\$25
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$17
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$81
D7970	Excision of hyperplastic tissue – per arch	\$39
D7971	Excision of pericoronal gingiva	\$24
D7972	Surgical reduction of fibrous tuberosity	\$154
D7995	Synthetic graft – mandible or facial bones, by report	\$67

Adjunctive services (Miscellaneous)

D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$20
D9222	Deep sedation/general anesthesia – first 15 minutes	\$23
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$23
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$8
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$23
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$23
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$17
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$12
D9440	Office visit – after regularly scheduled hours	\$21
D9450	Case presentation, detailed and extensive treatment planning	\$9
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$8
D9944	Occlusal guard – hard appliance, full arch	\$138
D9945	Occlusal guard – soft appliance, full arch	\$34
D9946	Occlusal guard – hard appliance, partial arch	\$69
D9951	Occlusal adjustment – limited	\$14
D9952	Occlusal adjustment – complete	\$128